

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/753,238
Filing Date	December 28, 2000
First Named Inventor	Paula Dorf
Group Art Unit	3751
Examiner Name	TBA
Attorney Docket Number	203-004

Practitioners at Customer Number OR Practitioner(s) named below: Name Registration Number Name Registration Number John W. Olivo, Jr. John F. Ward John F. Wa	I hereby app	oint:				Γ		\neg		
Name Registration Number John W. Olivo, Jr. 35,634 John F. Ward 33,811 David Mr. Hill 46,170 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Ward & Olivo Address Suite 300 Address S	,						lumber Bar Code			
John W. Olivo, Jr. 35,634 John F. Ward 33,811 Pavia Mr. Hill 46,170 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR X Firm or Individual Name Ward & Olivo Address Suite 300 Address Su		oner(s) na	amed below:							
John F. Ward David Mr. Hill David Mr. Hill John F. Ward David Mr. Hill John F. Ward David Mr. Hill John F. Ward John F. Ward Business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR X Firm or Individual Name Address Suite 300 Address Suite 300 Address Suite 300 Address Suite 300 Country U.S.A. Telephone (908) 277-3333 Fax (908) 277-6373 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Paula Dorf Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		Name Registrati					n Number			
John F. Ward David Mr. Hill David Mr. Hill John F. Ward David Mr. Hill John F. Ward David Mr. Hill John F. Ward John John F. Ward John John John John John John John John		John M	Olive	5.004						
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Ward & Olivo Address Suite 300 Address Suite 300 Address Suite 300 Address Summit State New Jersey Zip 07901 Country U.S.A. Telephone (908) 277-3333 Fax (908) 277-6373 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Payla Dorf Signature Date NOTE: Signatures of all the inventors or assignees of-record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR X Firm or Individual Name Ward & Olivo Address Suite 300 Address Suite 300 Address Suite 300 Country U.S.A. Telephone (908) 277-3333 Fax (908) 277-6373 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Payla Dorf Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or	David M. Hill				76,170					
The above-mentioned Customer Number. OR X Firm or Individual Name Ward & Olivo										
X Firm or Individual Name	The above-mentioned Customer Number.									
Address Suite 300 Address 382 Springfield Avenue City Summit State New Jersey Zip 07901 Country U.S.A. Telephone (908) 277-3333 Fax (908) 277-6373 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Payla Dorf Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		Tim or								
Address 382 Springfield Avenue City Summit State New Jersey Zip 07901 Country U.S.A. Telephone (908) 277-3333 Fax (908) 277-6373 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Paula Dorf Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Individual N	Name								
City Summit State New Jersey Zip 07901 Country U.S.A. Telephone (908) 277-3333 Fax (908) 277-6373 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Paula Dorf Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
Country Telephone (908) 277-3333 Fax (908) 277-6373 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Paula Dorf Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					State	New Jersey	Zin 07901			
Telephone (908) 277-3333 Fax (908) 277-6373 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Paula Dorf Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			U.S.A.		Olato					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Paula Dorf Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			(908) 277-3333 Fax (908) 277-6373							
Name Paula Dorf Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.									
Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	SIGNATURE of Applicant or Assignee of Record									
Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name	Name Paula Dorf								
Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		K O () and								
forms if more than one signature is required, see below*.	Date	77								
□ *Total offorms are submitted.										
	□ *Total of	for	ms are submitted.							

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.